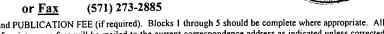
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Complete and send this form, together with applicable fee(s), to: Mail

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05/03/2006

WESTERMAN, HATTORI, DANIELS & ADRIAN, LLP 1250 CONNECTICUT AVENUE, N.W. - SUITE 700 WASHINGTON, D.C. 20036

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					(Date)
	1	Finan	MANAGO DIVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.	FILING DATE		NAMED INVENTOR		
09/839,370	April 23, 2001	N	1asaro IIDA	010570 2325	
TITLE OF INVENTION	i: DATA SEQUENCI	E CONVERSION C	CIRCUIT AND PRINTER USI	NG THE SAME	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/03/2006
EXAMINER ART UNIT Hai Chi Pham 2861		CLASS-SUBCLASS 347-237000	]		
CFR 1.363).	nce address or indication of		2. For printing on the patent from (1) the names of up to 3 registered		Vesterman, Hattori,
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or :Fee Address" indication form			or agents OR, alternatively, (2) the name of a single firm (har registered attorney or agent) and		Daniels & Adrian, LLP.
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2 registered patent attorneys or a listed, no name will be printed.			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless	D RESIDENCE DATA TO	BE PRINTED ON T	HE PATENT (print or type)  will appear on the patent. If an as	ssignee is identified below, the docur	nent has been filed for recordation

as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fuji Xerox Co., Ltd.

Tokyo, Japan

lease check the appropriate assignee category or categories (will not be prin	ted on the patent):	Individual	□ Corporation or     □	other private group entity	□Government
□ Sale See See See See See See See See See S	4b. Payment of Fee(s  A check in the an  Payment by credi  The Director is he	s): nount of the f it card. Form ereby authori:	PTO-2038 is attack zed to charge the re	hed. quired fee(s), or credit any tra copy of this form).	overpayment, to
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Typed or printed name William M. Schertler		Regi	stration No.	35,348	9.00 OP

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